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SECRETARY OF STADE

I Buren AUG. L. 2014

COVER LETTER

TO: Registration Section
Division of Corporations

G & G ENTERPRISES, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

GINNY THOMAS

Name of Person

CABRERA CUSTOMS

Firm/Company

8403 WOODLAKE DRIVE

Address

TAMPA, FL 33615

City/State and Zip Code

GINNY@CABRERACUSTOMS.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

GINNY THOMAS

at (813) 610-0814

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

■ \$25.00 Filing Fee

□ \$30.00 Filing Fee & Certificate of Status

□ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

G & G ENTERPRISES, LLC		
(Name of the Limited Li (A F	ability Company as it now appears on our records.) orida Limited Liability Company)	
The Articles of Organization for this Limited Liabili	ty Company were filed on 03-15-2014	and assigned
This amendment is submitted to amend the followin	g:	
A. If amending name, enter the new name of the	limited liability company here:	
The new name must be distinguishable and end with the word	s "Limited Liability Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable	:	F.O. C. 70
(Principal office address MUST BE A STREET A.	DDRESS)	127 4
Enter new mailing address, if applicable:		SEEF SE
(Mailing address MAY BE A POST OFFICE BOX	2	高名 5
B. If amending the registered agent and/or registered agent and/or the new registered office	· -	ter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Emer r ioriau sireet aaaress	
	, Florida	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = Man AMBR = Auth	ager 10rized Member		
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	GAMALIEL CABRERA	8403 WOODLAKE DRIV	E □ Add
		TAMPA, FL 33615	Remove
			Add
			□ Remove
		O C C	PREMOVE 55
			Add
			Remove
			□ Add
			□ Remove
			□ Add
			Remove

• • • • • • • • • • • • • • • • • • • •	E ADD EIN# 611732648
FLEASE	: ADD EIN# 011732040
 	
	her than the date of filing:
Dated JULY 27	7 2014
Dated	Linney Thomas.
	Signature of a member of authorized representative of a member
GINN	Y THOMAS
	Typed or printed name of signee

FILED

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Page 3 of 3

Filing Fee: \$25.00